

Poc #2

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445460

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

C

02/25/2016

NAME OF PROVIDER OR SUPPLIER

VANCO MANOR NURSING AND REHABILITATION CENTER, INC

STREET ADDRESS, CITY, STATE, ZIP CODE

813 S DICKERSON RD
GOODLETTSVILLE, TN 37072

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

F 000 INITIAL COMMENTS

Complaint investigation of #37516, 37598 and 37977 was conducted 2/9/16 through 2/25/16, at Vanco Manor Nursing and Rehabilitation Center. Complaint #37516 was substantiated with no deficiencies cited. Complaint #37598 was unsubstantiated and no deficiencies were cited. Complaint #37977 was substantiated with deficiencies cited.

F 226
SS=D

483.13(c) DEVELOP/IMPLMENT
ABUSE/NEGLECT, ETC POLICIES

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:

Based on facility policy review, medical record review, employee file review, review of facility investigation report and interview, the facility failed to identify discrepancies on a background check for Certified Nurse Aide (CNA) #1 resulting in misappropriation of property to 1 (Resident #3) of 3 residents reviewed for abuse and neglect.

The findings included:

Review of a facility policy titled Background Investigations dated 10/13 revealed, "...personal reference checks ...credit/financial background investigations and criminal conviction investigations ...be conducted on all personnel making application for employment ...Particularly, all nursing homes must conduct criminal

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F226

483.13 Develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?

- All available information relative to this case was immediately made available to the applicable authorities handling the case 12/22/15. The employee was arrested and detained without bail on 12/23/15.

- The facility then offered the patient a credit monitoring service free of charge to ensure there are no continued potential for misappropriation of the residents property on 2/11/16.

- The Administrator, DON, Therapy Team Leader, and Staffing Coordinator conducted a 100% chart audit of all those who accessed this patient's chart during the resident's stay. This was then referenced to the portion of the chart accessed with the individual who accessed the chart and the time it was accessed to rule out any other unreasonable uses of the patient's information. None were found on 1/29/16.

2/11/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445460	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2016
NAME OF PROVIDER OR SUPPLIER VANCO MANOR NURSING AND REHABILITATION CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S DICKERSON RD GOODLETTSVILLE, TN 37072		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 226	<p>Continued From page 1</p> <p>background checks on all job applicants applying for a position that involves providing direct patient care ... "</p> <p>Medical record review revealed Resident #3 was admitted to the facility on 12/3/15 and discharged home on 12/8/15. Review of a facility incident report dated 12/22/15 revealed the facility was made aware by the local police department the social security number of Resident #3 had been used by Certified Nurse Aid (CNA) #1.</p> <p>Review of documents in the employee file for CNA #1 revealed a discrepancy in the employee's name, the employee's date of birth and social security number used by CNA #1.</p> <p>Interview with the Staffing Coordinator (SC) on 2/9/16 at 3:30 PM in the SC's office revealed she had completed the background check on CNA #1. Continued interview revealed the SC had witnessed CNA #1 write her social security number, date of birth and address on her resume and verified her signature. When asked if the SC obtained any identification prior to completing a background check, the SC stated "no, that's why I had her write it on her resume, because we do the background check first and as long as it comes back with no flags on it, we're good to go. Then we call them back to get copies of their ID and have them sign all the forms and begin orientation." When asked if she had noticed the discrepancies in the CNA's date of birth, social security number and spelling of the last name, the SC stated, "we didn't really until the police came and told us what she had done."</p> <p>Interview with the Administrator on 2/10/16 at 10:48 AM in the Administrator's office confirmed</p>	F 226	<p>2. How will you identify other residents having the potential to be affected by the same deficient practice?</p> <p>- The Staffing Coordinator completed a 100% audit of all active employee's backgrounds, to ensure compliance with this standard on 12/28/15.</p> <p>- The administrator sent letters to all residents or POAs of the residents that were under the care of this former employee were sent a letter on 2/15/16 encouraging them to monitor their credit, this included resources for doing these checks and resources to call if there are questions.</p> <p>3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</p> <p>- The administrator In-serviced the staffing coordinator and payroll personnel on 2/11/16 ensuring that the Social Security card and additional identification (Passport, Driver's License, etc...) is cross referenced to the identification provided to run the background check.</p> <p>- The administrator In-serviced the payroll and staffing coordinator on 2/11/16 all policies and procedures relative to the completion and maintenance of documents related to pre-employment, post-employment, and orientation of newly hired employees.</p>		2/15/16

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: OKM911

Facility ID: TN1828

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